

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|------------|--------|----------|
| FEE DETERMINATION | <i>hsp</i> | | 3/28/00 |
| O.I.P.E. CLASSIFIER | <i>hsp</i> | | 4/1/00 |
| FORMALITY REVIEW | <i>hsp</i> | 102-3 | 05/14/00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|-----------|
| Final Original | 6 2 9 2 9 |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
| 5 | ✓ |
| 6 | ✓ |
| 7 | ✓ |
| 8 | ✓ |
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| 49 | ✓ |
| 50 | ✓ |

| Claim | Date |
|----------------|-----------|
| Final Original | 6 2 9 2 9 |
| 51 | ✓ |
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| 100 | ✓ |

| Claim | Date |
|----------------|------|
| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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